

U.S. PTO
22278 107670236

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Applicant claims small entity status.
See 37 CFR 1.27.
3. Specification [Total Pages 14]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications (*if applicable*)
 - Statement Regarding Fed sponsored R & D (*if applicable*)
 - Reference to sequence listing, a table, or a computer program listing appendix (*if applicable*)
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (*if filed*)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 U.S.C. 113) [Total Sheets 5]
5. Oath or Declaration [Total Pages 1]
 - a. Newly executed (original or copy)
 - b. Unsigned
 - c. Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
6. Application Data Sheet. See 37 CFR 1.76

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP)

of prior application No.: _____ / _____

Prior application information:

Examiner _____

Group / Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	22204	or <input type="checkbox"/> Correspondence address below
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax
Name (Print/Type)	Registration No. (Attorney/Agent)	
Signature	Date	

FEE TRANSMITTAL FOR FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$988.00)

<i>Complete if Known</i>	
Application Number	New Application
Filing Date	Herewith
First Named Inventor	Joachim KUHN et al.
Examiner Name	Unknown
Art Unit	Unknown
Attorney Docket No.	740116-493

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number **19-2380(740116-493)**

Deposit Account Name **Nixon Peabody LLP**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	750	2001	375
1002	330	2002	165
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80
SUBTOTAL (1)			(\$750.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	31	-20** =	11 X 18.	= 198.00
Independent Claims	1	-3** =	0 X 84.	= 0
Multiple Dependent		X		= 0

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee (\$)	
1202	18	2202 9 Claims in excess of 20
1201	84	2201 42 Independent claims in excess of 3
1203	280	2203 140 Multiple dependent claim, if not paid
1204	84	2204 42 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$198.00)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)
1051	130	2051	65 Surcharge - late filing fee or oath
1052	50	2052	25 Surcharge - late provisional filing fee or cover sheet
1053	130	1053	130 Non-English specification
1812	2,520	1812	2,520 For filing a request for <i>ex parte</i> reexamination
1804	920*	1804	920* Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840* Requesting publication of SIR after Examiner action
1251	110	2251	55 Extension for reply within first month
1252	410	2252	205 Extension for reply within second month
1253	930	2253	465 Extension for reply within third month
1254	1,450	2254	725 Extension for reply within fourth month
1255	1,970	2255	985 Extension for reply within fifth month
1401	320	2401	160 Notice of Appeal
1402	320	2402	160 Filing a brief in support of an appeal
1403	280	2403	140 Request for oral hearing
1451	1,510	1451	1,510 Petition to institute a public use proceeding
1452	110	2452	55 Petition to revive - unavoidable
1453	1,300	2453	650 Petition to revive - unintentional
1501	1,300	2501	650 Utility issue fee (or reissue)
1502	470	2502	235 Design issue fee
1503	630	2503	315 Plant issue fee
1460	130	1460	130 Petitions to the Commissioner
1807	50	1807	50 Processing fee under 37 CFR 1.17(q)
1806	180	1806	180 Submission of Information Disclosure Stmt
8021	40	8021	40 Recording each patent assignment per property (times number of properties)
1809	750	2809	375 Filing a submission after final rejection (37 CFR 1.129(a))
1810	750	2810	375 For each additional invention to be examined (37 CFR 1.129(b))
1801	750	2801	375 Request for Continued Examination (RCE)
1802	900	1802	900 Request for expedited examination of a design application
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(\$40.00)**

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

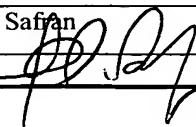
- deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450
- transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____.

Date _____

Signature _____

Type or printed name _____

SUBMITTED BY

Name (Print/Type)	David S. Safran	Registration No. (Attorney/Agent)	27,997	Telephone	(703) 827-8094
Signature				Date	September 25, 2003

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CHANGE OF CORRESPONDENCE ADDRESS		Application Number	New Application
<i>Application</i>		Filing Date	Herewith
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450		First Named Inventor	Joachim KUHN et al.
		Art Unit	Unknown
		Examiner Name	Unknown
		Attorney Docket Number	740116-493

Please change the Correspondence Address for the above-identified application to:			
<input type="checkbox"/> Customer Number		<input type="text"/>	
<i>OR</i>		<i>Type Customer Number here</i>	
<input checked="" type="checkbox"/> Firm or Individual Name		Nixon Peabody LLP	
Address		401 9 th Street, N.W., Suite 900	
Address			
City		Washington D.C.	State
Country		U.S.A.	
Telephone		202-585-8000	Fax
		202-585-8080	

*Place Customer
Number Bar Code
Label here*

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- Applicant/Inventor
- Assignee of record of the entire interest.
Certificate under 37 CFF 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or agent of record.
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Type or Printed Name	David S. Safran
Signature	
Date	September 25, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

<input type="checkbox"/> *Total of _____ forms are submitted.
